

Tobacco consumption in Africa

To the Editor—Dr Simon Chapman has demonstrated some interesting findings on changes in cigarette consumption per head in 128 countries.¹ There are, however, some anomalies which I find difficult to explain. Between 1986 and 1990 he shows a fall in per capita consumption of 9.3% for Africa, or -2.26% per annum. This contrasts with an increased per capita cigarette consumption of 41.6% demonstrated by Masironi and Rothwell² for Africa between 1970 and 1985, or +2.6% per annum (and an increase of total consumption of 116% in the same period due to population growth). The Economic Intelligence Unit (Report No 2001, 1991) forecasts an increased total tobacco consumption for Africa of 70% between the years 1989 and 2000, which is about twice as large as the population increase of around 34% between 1990 and 2000 forecast by the United Nations Population Fund 1992.

Can anyone explain these apparent anomalies?

KEITH BALL
London, UK

- 1 Chapman S. Changes in adult cigarette consumption per head in 128 countries, 1986-90. *Tobacco Control* 1992; 1: 281-4.
- 2 Masironi R, Rothwell K. Tendances et effets du tabagisme dans le monde. *Rapp Trimest Statist Santit Mond* 1988; 41: 228-41.

In reply—As with my paper,¹ Masironi and Rothwell² used cigarette consumption data supplied by the US Department of Agriculture. However, their "Africa" differed from mine in that their list did not contain Egypt, Libya, Morocco, or Sudan (all tabled in their paper as Eastern Mediterranean countries and all of which—especially Egypt—had falls in per capita consumption for the later years that I examined). Their Africa also included the Central African Republic and Reunion—both of which showed a rise in consumption between 1970-85, while my Africa did not include these countries because of unavailable data.

Also, their method of calculating changes between the two years appears to have involved pooling the populations of all countries for 1970 and 1985 and then dividing the totals by the total consumption for all of Africa for both years. By this method, changes between the two years in countries with large populations could explain much of the variance for the whole continent. Changes in countries with smaller populations tend to get swamped in this process. Masironi and Rothwell do not supply the population data for the years 1970 and 1985, so readers of their paper cannot analyse how much of their stated 41.6% growth for the continent is explained by growth in per capita consumption in particular countries. Eye-balling their African table though, consumption rose in Nigeria, Algeria, Kenya, and South Africa—all populous countries.

The question we should ask is what is the most informative and useful way of expressing changes in per capita consumption. A single figure for a whole continent can camouflage huge variations between countries (eg, Cameroon rising 144% and Zimbabwe falling 53% between 1970 and 1985) and therefore in my judgment is not very useful. I believe it is far more meaningful to speak of particular countries. So in Masironi and Rothwell's African table, per capita

consumption rose in 14 countries, fell in 12, and remained unchanged in three. In my table (for the years 1986 and 1990), per capita consumption fell in 28 and rose in four.

Unfortunately I have not been able to examine the Economist Intelligence report Dr Ball mentions. However, as with my comments above on the pitfalls of aggregating dozens of diverse nations into labels such as "Africa," it is not difficult to imagine that some populous nations in Africa might be forecast to experience rapid growth in total cigarette consumption as a reflection of both large population increase and increased economic prosperity. Consequently, it is quite plausible to argue that total consumption for Africa as a whole might rapidly accelerate, while per capita consumption might simultaneously fall in a majority of countries (many of which have quite small populations), as indicated in my paper.

SIMON CHAPMAN
Deputy Editor

- 1 Chapman S. Changes in adult cigarette consumption per head in 128 countries, 1986-90. *Tobacco Control* 1992; 1: 281-4.
- 2 Masironi R, Rothwell K. Tendances et effets du tabagisme dans le monde. *Rapp Trimest Statist Santit Mond* 1988; 41: 228-41.

Reasons for seasons

To the Editor—The beautiful spring weather in Perth today, 9th September 1993, prompts me to question what underlies your decision to identify issues of *Tobacco Control* according to the season of their appearance in the Northern Hemisphere.

Australia and New Zealand have both made notable strides in the areas of tobacco taxation and curtailment of tobacco promotion over recent years and both countries lie in the Southern Hemisphere. While it is true that, in the days of the sailing ships, journals published in the European summer did not reach the Antipodes until the southern summer, now that Qantas and Air New Zealand both have Boeing 747-400 aircraft (with most flights smoke-free), this is no longer the case.

In addition, we sons and daughters of rugged colonialists regard what Britons call "summer" as a distortion of the Queen's English.

Would you and your co-editors consider changing from (Northern) seasons to month of issue, or even just number of issue within a given volume? This will prevent a further headache when, as we all hope, the number of suitable manuscripts submitted to *Tobacco Control* grows to the point where you will be obliged to publish six issues each year.

KONRAD JAMROZIK
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Department of Public Health,
Nedlands, Western Australia

In reply—Thank you for your thoughtful letter about the beautiful spring weather in Perth in September. I am composing this reply on the 17th of October, one week after a hail storm in my home town and a short time before we can expect our first snow. I appreciate your attention to detail in your reading of *Tobacco Control*, and I hope all of our readers review the pages and covers of the journal with the same diligence.

The first five issues of *Tobacco Control* were indeed identified by the month of issue.

Regrettably, production delays (typical of any new journal) and slow overseas postal delivery resulted in many subscribers receiving the journal a month or more after the month of issue. This circumstance made the issues appear somewhat dated on arrival and created concern among some subscribers that they might not have been receiving the journal. Therefore, we began to designate each issue by season, starting with the sixth issue (Summer 1993). The number of the issue within a given volume always appears on the cover of the journal.

When we made the change from month to season, we were certainly aware of the difference in seasons between the Northern and Southern Hemispheres. However, we anticipated that our Southern colleagues (who comprise about one-sixth of our readership) would understand and accept the designated season as pertaining to the site of publication.

The publisher and editors do hope that we will be able to publish *Tobacco Control* on a bimonthly or monthly basis in the years to come. When that happens, as you point out, we will have to drop our seasonal designation. Increasing the frequency of publication will require growth in two areas: 1) submission of high-quality manuscripts and material for other sections of the journal; and 2) the number of subscribers, which is the main determinant of the journal's budget. — ED

How much does Ciba-Geigy really want to reduce smoking?

To the Editor—In November 1993 an All-Africa Conference on Tobacco Control focused on a number of broad issues and strategies required to prevent a future epidemic of tobacco-related death and disease in Africa. Funding support for the conference was sought from a wide range of African and international donor agencies including private pharmaceutical companies that the organising committee believed were committed to tobacco control. One of these was Ciba-Geigy, marketer of Nicotinell TTS.

In a response to our request for funding (sent in October 1992), the head of the Medical Department of Ciba-Geigy South Africa (Dr Heinrich Hoehler) commented that Ciba-Geigy had "expressed interest as a partial sponsor" for the conference. At that point we hoped that they had decided to provide support; only the extent of the support needed to be determined.

Over the next few months we provided them with the necessary detailed information; updated budgets and the programme. After repeated attempts (telephonically and in writing) to get a response, finally in May 1993, the head of the Pharmaceutical Division, Dr JG Niehaus, responded saying "In the marketing of our new product, Nicotinell TTS, we have had to take cognisance of the presence and activities of the tobacco lobby and a policy decision was taken early in the process to direct our efforts towards a positive goal of supporting and participating in community efforts to help smokers give up smoking, rather than setting ourselves on a head-on collision course with the above-mentioned lobby." We felt that it was in their best interests to give them an opportunity to reconsider and in response to that request in July 1993, they finally commented that "...after length discussion it was decided to uphold our decision."

In our letter to the company in June 1993, we expressed particular concern that their need to take cognisance of the presence and activities of the tobacco lobby "reflects a disturbing picture for a company so clearly devoted to health."

Ciba-Geigy internationally is involved in the marketing of Nicotinell. They also have subsidiaries that provide pesticides for tobacco growers. They seem to be unmoved by the World Bank's recent review which shows that the long-term impact on global welfare of the tobacco industry is emphatically negative.

The purpose of writing this letter is to stimulate readers to suggest possible responses to the policies of companies such as Ciba-Geigy, which on the one hand profess to be interested in health, yet on the other, have actually stated, in writing, that they need to take account of the lobbying effect of the tobacco industry. This begs the critical question: Whose interests are they really serving?

Although research has show that nicotine patches are better than placebo in carefully controlled clinical trials, their use in the real world is likely to have little (if any) effect on smoking rates in the population. Does Ciba-Geigy's focus on Nicotinell - and its reluctance to take on the tobacco industry - indicate that the company is happy for smoking to continue?

DEREK YACH
Essential Health Research Group,
Medical Research Council,
Tygerberg, South Africa

In reply - We appreciate the opportunity to comment on Dr Yach's letter.

As a major pharmaceutical concern, Ciba is committed to providing innovative products for global health care needs. In line with this aim Ciba markets [®]Nicotinell (known as [®]Habitrol in the United States and Canada), a transdermal nicotine patch indicated as a smoking cessation aid. Nicotinell is not a "miracle cure" for smoking; it is an effective aid for the treatment of nicotine addiction for those smokers who are already motivated to quit. Therefore, our promotional and educational efforts world-wide have been directed at this specific group of motivated quitters, rather than at the population as a whole.

The same is true for our activities in South Africa, where Ciba has been involved with public health groups, government organisations and other companies in community efforts aimed at motivated quitters. One example of these programmes is "A Fresh Start," a broad-based initiative which provides general information to health care professionals and patients about smoking and different cessation techniques. Using brochures, videos and manuals, and promoted through advertisements and public service announcements, the programme provides a general support system for patients, doctors, and pharmacists. This is but one example of how we focus on co-operative educational campaigns that reach as many people as possible within our target group of motivated quitters.

The conference proposed to us by Dr Yach targets only a small number of high-level policy makers rather than health professionals and motivated quitters themselves. We prefer to support broader-based community programmes such as "A Fresh Start." Our activities in this field, in South

Africa and world-wide, do not lend themselves to conclusions such as those put forward by Dr Yach in his letter.

NAVA SWERSKY
Pharma Policy
STEPHEN LEVENTHAL
Central Product Management
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Basle, Switzerland

"Do it for doggie - quit smoking"

To the Editor - Your article appearing in "The Lighter Side" of *Tobacco Control*¹ was recently brought to my attention. This article, entitled "Passive smoking and canine cancer", uses humorous undertones to discuss a very real concern - the relationship between secondhand smoke and the health of a dog living in a smoker's home. You jokingly refer to an abandoned informational campaign that would have enlightened pet owners who smoke about environmental tobacco smoke (ETS) and the danger it presents to their canine companions.

Our Tobacco Reduction Coalition was not aware of this article when we developed a brochure entitled, "Smokers, be aware of the dog - your cigarette smoke could be killing him" (see figure). This brochure was produced in all seriousness, not only because local animal shelters were requesting such information, but also because we felt this approach might encourage a larger, more diversified population than any other to quit smoking. The colourful brochure features appealing dog photos and discusses such topics as "What's all the bark about ETS?", "Sniffing snouts and other canine complaints", and how to "Do it for doggie - quit smoking". The contents are presented in an easy to understand, friendly, and non-threatening manner. The brochure is intended for distribution by animal hospitals, veterinary clinics, pet shops, humane societies, and animal shelters. A free sample containing

ordering information may be requested by writing to the Wexford County Tobacco Reduction Coalition, 401 Lake Street, Cadillac, Michigan 49601, USA.

Although your article in *Tobacco Control* was entertaining and light-hearted, it pointed out an all too serious problem - the development of cancer and other health problems in dogs whose owners smoke. Cigarettes have always been a concern to dog owners. Abandoned butts in ashtrays and along walkways are consumed by dogs and puppies with dangerous and even fatal results. Now, research conducted by respected scientists links these already deadly tobacco products to lung and other respiratory cancers in dogs. If this link does exist, pet owners deserve to be informed of it in order to make decisions about their animals' welfare.

The dog-owning population is well known for their devotion to these lovable four-legged "children". They purchase fancy canine apparel, dog beds, and expensive toys. They take doggie on trips, hire him baby-sitters, and send him to school. Now, we are hoping our brochure will encourage these devoted individuals to make the ultimate sacrifice for their canine companions - "STOP SMOKING".

LINDA DEMARCHIS
Wexford County Tobacco Reduction Coalition
Cadillac, Michigan, USA

¹ Davis RM. Passive smoking and canine cancer. *Tobacco Control* 1993; 2: 41-2.

In reply - As you point out, my article was a tongue-in-cheek story about the abandonment of a public information campaign on the health effects of passive smoking on dogs. In fact, the US Centers for Disease Control and Prevention recently launched an information campaign on passive smoking which features this effect. Your brochure and the CDC material (see p 326) will help disseminate this important message to those who own and care for dogs. - ED



KEEP THEM OUT OF A DOGGIE BAG

The "Ruff" fact is dogs cannot do anything to get away from second hand smoke. Whether it's your dog, cat, bird or other pet, they will live a much longer, healthier, happier life in a smoke-free environment. Not only will your pets benefit, but your entire family will too.

The best thing to do is just stop smoking completely. If you want more information on how to quit smoking, contact your local health department, family doctor, or local Tobacco Reduction Coalition.

Good luck to you, your family and your pets.

BE ONE OF THE MANY
WHO WILL JOIN THE
"DO IT FOR DOGGIE"
QUIT SMOKING
CAMPAIGN



The dog featured in this brochure is "Psycho" - the Smoke Free Sniffer. Psycho is an English Bulldog, one of the short-nosed breeds most seriously affected by exposure to secondhand smoke. Fortunately, Psycho lives in a smoke free home. Does your dog?

This brochure has been developed by Michigan's Wexford Co. Tobacco Reduction Coalition in an effort to inform the pet owning population of the dangers of secondhand smoke.

Additional copies of the brochure may be ordered using the information below:

ORDERING INFORMATION

The BE AWARE OF THE DOG brochure may be ordered by sending \$45.00 per 100 copies, \$200/500, \$350/1,000 to:

The Wexford Co.
Tobacco Reduction Coalition
401 Lake St.
Cadillac, Michigan 49601

For more information on ordering and other materials call
(616) 775-9942 Ext. 118